

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002481

1. Entity Name  
STONEHENGE CAPITAL FUND FLORIDA, LLC



Principal Place of Business

777 S HARBOUR ISLAND BLVD., STE 375  
TAMPA, FL 33602

Mailing Address

777 S HARBOUR ISLAND BLVD., STE 375  
TAMPA, FL 33602



04292004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3668287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000144693  
04/30/04-80142-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADAMEK, THOMAS J 450 LAUREL ST STE 1450 BATON ROUGE, LA 70801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROOKS, RONALD D 191 NATIONWIDE BLVD STE 600 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WITTEN, JOHN P 191 NATIONWIDE BLVD STE 600 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUX, STEVEN F 777 SOUTH HARBOUR ISLAND BLVD., SUITE 375 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

Barry G. Gowdy, Treasurer 4/29/04 614/246-2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #